

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010306

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 138

VS 300 Rev. 4/59

0260
32269

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4 1
5 2
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9491X
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. **FILED APR 3 1962**
 1. PLACE OF DEATH
 a. COUNTY Cole
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in lb 4 months
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway # 5 1/2 South Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cole
 c. CITY OR TOWN Jefferson City, Missouri Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 105 West McCarty Reside on Farm Yes No
 3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Lillian E. (i.o.) Rankin March 30 1962
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Sept. 18, 1879 9. AGE (last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Elliott, Missouri 12. CITIZEN OF WHAT COUNTRY American
 13a. FATHER'S NAME William Tippit 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE John Rankin
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Miss Billie Rankin Jefferson City, Mo.
 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bronchitis pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Subacute Metabolic Encephalomalacia PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE
 21. I attended the deceased from 8-31-55 to 3-30-62 and last saw her live on _____ Death occurred at 9:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE John J. Nuttall M.D. (Degree or title) 22b. ADDRESS 302 Bolivar Jefferson City, Mo 22c. DATE SIGNED 3/31/62
 23a. BURIAL, CREMATION, REMOVAL (Specify) removal-Burial 23b. DATE April 1, 1962 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 23d. LOCATION (City, town, or county) (State) Moberly, Missouri
 24. FUNERAL DIRECTOR Tanner Funeral Home Ind. J.C.Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 31 March 1962 26. REGISTRAR'S SIGNATURE R.P. Davis - Moberly, Mo.

USE BLACK INK OR TYPEWRITER RIBBON

VS APR 9 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Omer L. [Signature]

Licensed Embalmer No. 4411

P. O. Address Belle Mead

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.